

<p style="text-align: center;">INSTRUCTIONS FOR COMPLETING <u>INITIAL APPLICATIONS</u> AND <u>CHANGE OF OWNERSHIPS</u> FOR NURSING FACILITIES</p>

PART I

Reason: Place an "x" in the appropriate box to indicate the reason for the application.

Line A -- Identification: Full legal name, physical address, city, zip code, county, telephone number, fax number and Federal tax ID Number.

Line B – Administrator: Name of the individual who is charged with general administration of the nursing facility. *(If the facility has an assisted living or residential health care facility licensed along with the nursing facility and has hired an "operator", list the name of the operator).*

Line C – Licensed Beds: Select the category(ies) along with the number of beds. Indicate total beds.

Line D – Surety Bond/Professional Liability Insurance Company Information: Name of the insurance companies, amount of the surety bond and liability coverage and expiration date of the bonds.

Line E – Owner of Building: Name and address of the person, organization or business entity that owns the building as it appears on the warranty deed. *(A copy of the warranty deed and purchase agreement will need to be submitted).* Part II of the application must be completed.

Line F – Lessee or Contract Purchaser: Name of person or business entity who receives the use and possession of lease property in exchange for a payment of funds. Also known as tenant and has a lease agreement with the landlord. *(A copy of a signed lease agreement will need to be submitted).* Part II of the application must be completed.

Line G – Sublessee: Name of the person or business entity who receives the use and possession of the lease property in exchange for payment of funds. Also known as tenant and has a sublessee agreement with the lessee. *(A copy of a signed sublease agreement will need to be submitted).* Part II of the application must be completed.

Line H – Management Firm: Name of the person or business entity that has a management agreement to operate the facility. *(A copy of a signed management agreement will need to be submitted).* Part II of the application must be completed.

Item I – Other Entities: Name of any other business entity involved in operating or in managing the nursing facility.

PART II *(Each licensee appearing on Part I, Lines E, F, G, H or I, must complete and sign Part II)*

Line Identification: Full legal name, address, city and zip code.

Line B – Business Entity: Name of organization or entity established as a separate existence for the purpose of taxes *(corporations, limited liability companies, sole proprietorships, etc.).*

Line C – Type of Entity: Place an "x" in the appropriate box to indicate type of entity.

Line D – Resident Agent: -- Name and address of the resident agent. *(Business entities are required to register with the Secretary of State and designate the resident agent).* Complete the boxes listed below with the business entity listed on Line B.

ADDITIONAL DOCUMENTS TO SUBMIT:

1. A copy of the warranty deed to the building. *(A signed sale agreement for CHOWS).*
2. A signed lease, sublease and/or management agreements.
3. A financial statement projecting the first month's operating income and expense for the facility.
4. A balance sheet showing a minimum of one month's operating expense in cash and/or owner's equity. *(This is for the business entity, i.e., corporation, limited liability companies, sole proprietorship, etc.).*
5. Resumes of applicant's executives from corporation or business entity involved with operating or supervising the operation of the facility.
6. Submit a complete list of facilities any of the applicants own or are operating in other states.
7. Submit a copy of the Resident Fund Surety Bond and certificate of Professional Liability Insurance.